

Atty. Dkt. No. 038602/0254

1642
#

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: **Benjamin L. MARGOLIS, et al.**

Title: ***Methods For Treatment Of Diagnosis Of Diseases Or Disorders
Associated With An Apb Domain***

Appl. No.: **09/012,369**

Filing Date: **January 23, 1998**

Examiner: **J. Hunt**

Art Unit: **1642**

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AMENDMENT TRANSMITTAL

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- [] Small Entity statement is enclosed.
- [X] The fee required for additional claims is calculated below:

	Claims as Amended		Previously Paid For	=	Extra Claims Present		Rate	=	Additional Claims Fee
Total Claims:	8	<input type="checkbox"/>	25	=	0	x	\$18.00	=	\$0.00
Independents:	1	<input type="checkbox"/>	5	=	0	x	\$84.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$280.00	=	\$0.00
CLAIMS FEE TOTAL:									\$0.00

- [X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$920.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
EXTENSION FEE TOTAL:			\$920.00
CLAIMS AND EXTENSION FEE TOTAL:			\$920.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$920.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$920.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

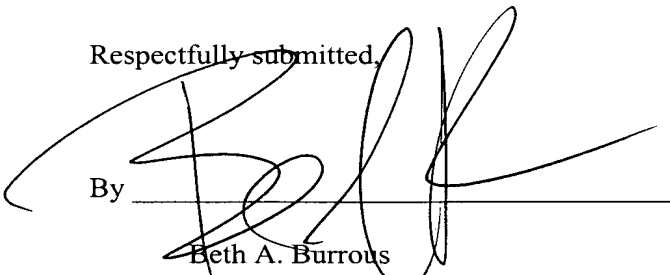
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Date March 25, 2002

FOLEY & LARDNER
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Respectfully submitted,

By


Beth A. Burrous
Attorney for Applicant
Registration No. 35,087